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BIBDATASHEET

CONFIRMATION NO. 4511

Bib Data Sheet

SERIAL NUMBER 10/643,513	FILING DATE 08/19/2003 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 279.494US2
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** CONTINUING DATA *****

This application is a CON of 09/839,123 04/20/2001 PAT 6,618,617

Citr 8/23/04

** FOREIGN APPLICATIONS *****

sent Citr
8/23/04

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/13/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	MN	3	38	5

ADDRESS

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TITLE

Delay to therapy following patient controlled atrial shock therapy request

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
RECEIVED	No. _____ for following:	

